

**Olmstead Commission  
Real Choice Systems Grant Overview  
April 3, 2007**

The total amount of the Real Choice Systems Grant was \$900,000 for a three-year period beginning the end of the 2001-2003 biennium and concluding in the 2005-2007 biennium.

There were two phases for the grant period:

- A meta- analysis
- Pilot projects

Pilot Projects - Six projects were selected among the proposals from outside entities:

- The Evangelical Lutheran Good Samaritan Society/Simplified Access to Services Model .....\$175,000
- Independence, Inc./Living in Place.....\$134,000
- Knife River Care Center/Living in Place Model .....\$50,000
- Mental Health Association in ND/Services Model .....\$170,000
- ND Indian Affairs Commission/Cultural Model .....\$85,000
- Western Sunrise, Inc/Living in Place Model .....\$55,000

**The Evangelical Lutheran Good Samaritan Society/Simplified Access to Services Model**

The “Circle of Care” project was implemented in Arthur, N.D. and rural Cass County. Phase one of this project involved developing informal and family supports to enable residents of the long-term care facility in Arthur to leave the building regularly to actively participate in their community. The project also established a coordinating entity that is involved in assessing needs and coordinating informal support systems to help people delay or avoid nursing home placement. A video and outreach/education materials were developed.

A result of this project was the development in Arthur, N.D. of a one- stop Resource Center for community members. The Resource Center consists of (1) Care Coordination – information/referral and assistance, and (2) Resource Library. The library has brochures, websites, videos and resource guides on health issues, senior housing options, support services, financial and legal issues. The Resource Center will also be replicated in Casselton, N.D. as well.

Other results include providing technical assistance to small groups, meeting with and attempting to merge forms to facilitate paperwork involved in moving people from one service to another, educating faith-based organizations about Olmstead to cultivate their support and participation in the effort, working to increase awareness among providers and consumers to get them together to negotiate their roles and finally that the pilot project's Care Companion Program applied to be a QSP.

The new and innovative programs have served clear unmet community needs, and produced new agency coalitions/partnerships that did not work together before to shape the delivery of service. It is felt that the programs could be replicated in other rural settings in North Dakota.

### **Western Sunrise, Inc./Living in Place Model**

The focus of the project was to create a pilot to administer and coordinate a system of domestic peer bridging and counseling for those with severe and persistent mental health issues throughout Region One. The goal was to foster continuation of recovery and maintenance of the consumers' own private residence. A full-time Peer Project Coordinator was hired to coordinate the model and two consumers were hired as part-time peer support.

The results of the project, while not evidenced-based, indicate consumers, families, and providers were able to talk about service delivery and agreed that consumers needed to be better informed and more involved in discussions and decisions. Participants wanted to hear from peers about Olmstead, their rights, and strategies to assert themselves to receive the services that they want. These services have been so popular that the pilot asked to shift some funding from travel to the peer support component of the budget. Consumers tended to ask more questions as the program progressed and became more assertive in wanting to be part of service delivery decisions.

### **Knife River Care Center/Living in Place Model**

This project focused on making the facility more resident driven. Residents were able to make more choices about care. Changes were made to the facility to enable food items to be available longer and with more variety. The food service operated more like a restaurant with a hostess, choice of food (within a dietary plan), and even when to eat. Residents could have guests and choose a menu for both. Residents were able to get up when they wanted to, have a bath when they wanted to and decide whether to eat in their room or the dining room. This was a challenge for staff that were used to a hospital like institution.

The results indicate that residents had a greater satisfaction and interest in meal planning, greater satisfaction in the services provided within the facility, and greater interest in the schedule and flow of programming. Changes continue to be supported by the new CEO and reports from staff indicate new residents are quick to become involved in the day-to-day management of the care center. An interesting note is that after a resident becomes "institutionalized", it is often not possible for them to make decisions for themselves anymore.

### **Independence, Inc./Living in Place**

This project created information and awareness for persons with disabilities and their families. A brochure and brief video were produced that sparked discussion on

community based services, the Olmstead initiative within North Dakota, and consumer decision-making regarding services. The project worked with the Interagency Program for Assistive Technology (IPAT) to help persons with physical disabilities become aware of the assistive technology service options outside of institutionalization.

As a result of this project, consumers, family members, and local providers discovered services, accessibility and availability strengths and barriers. Transportation remains a great barrier in rural areas for persons with disabilities. There was general agreement that the money follows the person concept would be more beneficial for consumers and families. The greatest barrier identified was persons living in very rural communities still had to travel great distances to receive services.

### **Mental Health Association in North Dakota /Services Model /211 line**

This project implemented an information and referral service for all North Dakota citizens by aligning the current 211 information line for persons with questions about service delivery for persons with disabilities.

This helped meet the rural communications needs regarding the services and service delivery of long-term care. There appeared to be more mental health services related calls and crisis calls especially during the night.

### **North Dakota Indian Affairs Commission/Cultural Model**

The commission was to operate a pilot project to develop a cultural model of home and community based care for American Indians in North Dakota. The first phase included focus groups on each of the reservations and Indian Service Areas in partnership with the Native American Training Institute to identify gaps in service delivery.

The lessons learned from this pilot was that although services exist, many Native Americans are not aware of them. There is a need for culturally appropriate outreach material on services as there is a cultural bias toward caring for elders and persons with disabilities in a home setting with family caregivers.

Through the focus groups, it was realized that until capacity and self-advocacy was built, training would have to be on hold.